

CLAIMS ONLY

Application Number

10628839

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2				/		/
3				/		/
4			/		/	
5				—		—
6				—		—
7				—		—
8				—		—
9				—		—
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11				/		/
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24				—		—
25				—		—
26				—		—
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39			/		/	
40			/		/	
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep			5		5	
Total Depend			26		26	
Total Claims			31		31	

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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99						
100						
Total Indep						
Total Depend						
Total Claims						